

State of New Hampshire
New Hampshire Board of Nursing
121 S. Fruit St.
Concord, NH 03301
Webpage: <http://www.nh.gov/nursing/>
E-mail: boardquestions@nursing.state.nh.us

Nursing 603-271-2323

TDD Access: Relay NH 1-800-735-2964

Nurse Asst. 603-271-6282

Directions for NH Nurse License by Endorsement - Canadian Registered Nurse

- *If you have previously held a New Hampshire nursing license, please request a reinstatement application.*
- *You must have worked as a nurse for a minimum of 400 hours in the past 4 years and have completed 30 education contact hours within the past 2 years OR have successfully completed the licensing examination within the 2 years immediately prior to this application in order to be eligible for licensure in New Hampshire.*

Please complete, sign and submit this checklist along with your Canadian Nurse Endorsement application.

- ☐ YES I have followed Board directives (www.nh.gov/nursing/), to comply with the new fingerprint and background check requirements and provided the required fee of \$49.75, payable to: State of NH -Criminal Records.
Your criminal record will be processed and sent directly to the Board of Nursing. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal **record report**. **The Board can only accept criminal record reports that are sent to us by the NH State Police.**
- ☐ YES I have used nursing **knowledge, judgment and skills** for a **minimum of 400 hours** within four years immediately prior to the date of this application. Please request a reentry packet if you do not meet this qualification.
- ☐ YES I have completed 30 contact **hours of workshops, conferences, lectures or educational offerings** that enhance nursing knowledge, judgment or skills within two years prior to this application.
- ☐ YES I have graduated from an approved nursing education program in Canada.
- ☐ YES I have written the English version of the State Board Test Pool Examination in Canada between the years 1939 and 1970 or the English version of the Canadian Nurses' Association Testing Service 5-part examination between the years 1970 and 1980 and received a minimum passing score of 350 in each of the following areas:
- | | | |
|---------------------|-----------------------|---------------------|
| * Medical Nursing | * Surgical Nursing | * Pediatric Nursing |
| * Maternity Nursing | * Psychiatric Nursing | |
- OR**
- Have** written the English version of the Canadian Nurses' Association Testing Service Comprehensive Examination since the year 1980, and received a minimum passing **score of 400. (Canadian Nurses who took the Canadian Exam August 1, 1995 or later, cannot endorse to New Hampshire because a numerical score is not available for verification from the Canadian province. (You may request an application for NCLEX).**
- ☐ YES I have been licensed by the province where the examination was taken.
- ☐ YES I have completed and attached the NH Nurse License by Endorsement- Canadian RN Application (Note: You must answer ALL questions, and SIGN and **DATE** the form.)
- ☐ YES I have attached a check or money order for \$120.00 US **payable to: Treasurer, State of New Hampshire. Fees are non-refundable.**
- ☐ YES I have completed Section I of verification form and forwarded to the original province of licensure **with the appropriate fee. (Please check with that province for accurate fee).**

If you were educated in Canada and took NCLEX in the US:

- ☐ YES I have submitted a copy of my school transcript and course descriptions that I sent to my original licensing board,
- OR**
- ☐ YES I have submitted verification that **I have worked in the US as a nurse for 200 hours in the past 2 years.**

Applicants for temporary license must appear at the Board office, Monday through Friday between the hours of 9:00 a.m. and 3:00 p.m.

Temporary licenses are issued after the Board receives all required documentation.

Please bring to the Board:

- ☐ Current license from another jurisdiction ☐ Photo identification ☐ \$20.00 Fee

Print Name:

Signature:

Date:

Application/licensing process not completed within 180 days will be purged.

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For Office Use Only

Fee: _____
Rec'd: _____
Ck/mo#: _____
/ ____ / ____
TL# Issued Expire
Reg# _____
Issue Date: _____

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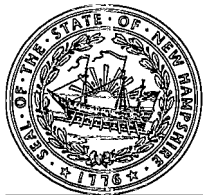
Application for License by Endorsement : Registered Nurse - Canadian

Last Name:		First Name:		Middle Initial:	Maiden/Other Names Used:	
Home Mailing Address:				E-mail address:		
Address of Legal Residence if different than above::				Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to, driver's license, federal income tax return, voter registration and military payroll documents.		
City or Town:		County:	State:	Zip Code:		
Date of Birth: / /		Phone Number: () -		Social Security #: (required) / /		
1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender? 2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled? 3. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? (Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.") 4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities? If you answered YES to questions 1- 4, you MUST attach a letter of explanation.						YES NO YES NO YES NO YES NO
5. Do you want your name and address on a list of nurses that may be made available for purchase?						YES NO
6. Do you want your name and address on a list that may be made available for individuals conducting health care research?						YES NO
Name of initial Nursing Education Program:		City	State	Zip		
Type of Program: Diploma ____ Associate Degree ____ Baccalaureate ____ Master's ____ Doctor of Nursing ____						
Graduation date						
Date of most recent employment as RN: / / or LPN / /						
Name of current or last employer:						
Address:						
Original Nursing License:		State/Province:		Year issued:		License No.
Current Nursing License:		State /Province:		Expiration date: / /		License No.
Please list every state in which you have ever held a license as a RN, LPN or NA		State:	__ RN __ LPN __ NA	State:	__ RN __ LPN __ NA	
I have used nursing knowledge, judgement and skills for a minimum of 400 hours within the 4 years immediately prior to this application: YES __ NO __			I have completed 30 contact hours of continuing education within 2 years immediately prior to this application: YES __ NO __			
OR I successfully completed the RN/LPN NCLEX exam within the 2 years immediately prior to this application: YES __ NO __			OR I successfully completed the RN/LPN NCLEX exam within the 2 years immediately prior to this application: YES __ NO __			
UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).						
Print Name:			Signature:			Date:

Canadian RN

Endorsement 01/15 New Hampshire has a mandatory licensing law; No one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state.

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REQUEST FOR RN/ LPN VERIFICATION OF ORIGINAL LICENSE

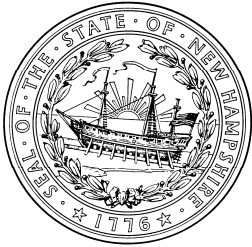
Last Name:		First Name:		Middle Initial:	Maiden/Other Names Used:
Mailing Address:				Social Security #: (required) / /	
Address of Primary Residence if different than above::				Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to, driver's license, federal income tax return, and voter registration.	
City or Town:		County:	State:	Zip Code:	
Nursing Education Program:			Address of Nursing Education Program:		
Original License number		RN <input type="checkbox"/> LPN <input type="checkbox"/>		Date Issued:	
I hereby authorize the _____ Board of Nursing to provide the New Hampshire Board of Nursing the information requested in Section II.					
Print Name:		Signature:		Date:	

ORIGINAL LICENSING AGENCY ONLY SECTION II

The following applicant has applied for a license to practice as a Registered Nurse <input type="checkbox"/> Practical Nurse <input type="checkbox"/> .						
Please provide the following information and return directly to the New Hampshire Board of Nursing.						
Name:		License #			Issued on: / /	
Nursing Educational Program:					Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address of Educational Program:				Date of Graduation		
Method of Licensure: Waiver <input type="checkbox"/> Endorsement <input type="checkbox"/> Examination <input type="checkbox"/>				Examination Date: / /		
SBTPE <input type="checkbox"/> NCLEX <input type="checkbox"/> CNATSCE (English) <input type="checkbox"/> Board Constructed <input type="checkbox"/>						
SBTPE/CNATSE	Med Nsg	Psych. Nsg	Obstet. Nsg	Surg. Nsg	Pedi Nsg	RN NCLEX <input type="checkbox"/> RN Comp CNATSCE Standard Score:
Standard Scores:						PN NCLEX <input type="checkbox"/> PN Comp Exam. Standard Score:
Series/Form #						Series/ From #
If Board Constructed Examination, please list results on reverse side.				Has this license ever been reprimanded, revoked, suspended, probated, limited, denied, disciplined, stipulated, adjudicated or fined? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Status of License:				If YES", please provide certified copies of the Board's order and other relevant documents.		
Verification to other boards:				Signed:		
Indicates States/Jurisdictions				Title:		
Seal				Date:		

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Declaration of Primary State of Residence

Declaration of primary state of residence:

Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse's primary state of residence. *The primary state of residency is where you vote, pay taxes, hold a driver's license, etc.* In order for New Hampshire to issue or reactivate your permanent license you cannot hold an active license in another compact state. **PLEASE PROVIDE A CLEAN, LEGIBLE COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.**

For more information on nurse licensure compact, visit our website or visit www.ncsbn.org.

Changes of address that are not sent to the NH Board of Nursing within 30 days of occurrence require a \$10.00 fee paid before renewal of license can be completed.

Applicant Information:

Name (please print): _____

Date of Birth: ____/____/____ Phone Number: (____) ____ - ____

Social Security#: XXX-XX - ____

Please check appropriate categories below:

____ RN ____ LPN ____ APRN

____ Exam ____ Endorsement ____ Reinstatement (NH Nursing License # _____)

Check one of the following:

____ My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my drivers' license)

____ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

____ I am declaring another compact state as my primary state of residence. **NOTE: When permanently relocating to New Hampshire, apply for licensure by endorsement. You can practice on your former license for a period of up to 90 days. The 90 day period starts when you become a resident in New Hampshire.**

____ I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

Current primary/home address:

Address: _____ City: _____

State: _____ Zip Code: _____

Signature

Date

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3)